

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

2155

In re the application of:

Chatani, Massayuki

Application No: 09/846,115

Filed: April 30, 2001

For: ALTERING NETWORK TRANSMITTED
CONTENT DATA BASED UPON USER
SPECIFIED CHARACTERISTICS



) Group Art Unit: 2155

) Examiner: Barot, Bharat

) Atty. Docket No: SONYP009

) Date: November 20, 2006

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on November 20, 2006.
Signed: _____

Kay Harlow

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

| | Claims Remaining After <u>Amendment</u> | Highest Previously <u>Paid For</u> | Present <u>Extra</u> | <u>SMALL ENTITY RATE FEE</u> | OR | <u>LARGE ENTITY RATE FEE</u> |
|------------------------------------------------------------------|--------------------------------------------------|------------------------------------------|-------------------------|----------------------------------|----|----------------------------------|
| TOTAL CLAIMS | <u>35</u> - | <u>36</u> | <u>00</u> | X25 = \$ | OR | X50 = \$ |
| INDEP CLAIMS | <u>07</u> - | <u>07</u> | <u>00</u> | X100 = \$ | OR | X200 = \$ |
| [] Multiple Dependent Claim Present and Fee Not Previously Paid | | | | \$180 | | \$360 |
| TOTAL | | | | \$ _____ | | \$ _____ |

- ☐ Applicant(s) hereby petition for a _____ month(s) extension of time to respond to the outstanding Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0805.
- ☐ Enclosed is our Check No. _____ in the amount of \$ _____ to cover the additional claim fee and/or extension of time fees.
- ☒ If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-0805 (Order No. SONYP009). A copy of this sheet is enclosed.

Respectfully submitted,
MARTINE PENILLA & GENCARELLA, LLP

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Kay Harlow
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RESPONSE

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

Dear Sir:

This paper is in response to the Office Action mailed on August 22, 2006. A response is due November 22, 2006. Please enter this response.

The claims are found in the listing of claims, which begin on page 2 of this paper.

Remarks/Arguments begin on page 13 of this paper.